



Therapeutic Family Home (TFH)

Policies and Procedures

Family Centered Services of Alaska Therapeutic Family Home Program Description

General Information

The Therapeutic Family Home (TFH) will provide services to children ages 12-18 (female) who are experiencing mental health issues and behavior problems, and are at risk of psychiatric placement outside of the Northern Region of Alaska. The TFH will be supervised by live-in therapeutic parents who will be responsible for the overall care and supervision of up to five children. A full time youth counselor will provide support and relief for the therapeutic parents, and the TFH Director, as well as the TFH Coordinator will provide case management to assist with oversight of the day-to-day physical and programmatic operations of the home. The TFH is a component of the FCSA's Alternative To Out Of State Placement (ATOP) program, which is designed to provide options for children that are in need of long-term mental health treatment and placement within the State of Alaska. All the children in the home will meet the mental health criteria for severely emotionally disturbed (SED) and will be eligible for ATOP services.

Scope of Services

The primary focus of the TFH will be to provide an alternative for children that are currently being placed in residential facilities outside of Alaska. In accordance with the philosophical treatment goal of FCSA, the TFH is designed to be most reflective of a family experience rather than an institutional setting. The home is located in a residential neighborhood that looks internally and externally as if it were a private family residence. It is the belief of FCSA that a homelike atmosphere has many often-unnoticed benefits to clients. For example, providing mental health service outside an institutional environment helps children avoid stigmatization by their peers, a consideration that is often critical for successful treatment of youth. FCSA utilizes a wraparound service model for the delivery of most consumer services. A wraparound service model is a process that incorporates the needs of a child and their family with all available community resources. It is a mode of intervention and treatment based on strength driven planning that requires the creation of a treatment team for each child. Treatment teams are composed of the child, their family and natural supports, case manager, a therapist and other agency employees that are working with the child and family. The primary goal of each treatment team is to develop an action plan to meet each child's unique needs based upon their own strengths, values, culture, and preferences.

Goals of the TFH Program

- 1). Prevent out-of state placement of children with mental health disabilities.
- 2). Provide long-term rehabilitative services in the least restrictive setting.
- 3). Reunite children with their families and community of tie.
- 4). Provide services in the most cost effective manner.
- 5). Provide services that facilitate family and interagency collaboration.

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Treatment

All children admitted to the TFH will receive a clinical intake and functional assessment as well as possible psychiatric, psychological and drug and alcohol assessments. Residents will be provided intensive case management services that will be based on an Individual Service Plan (ISP), developed for each child by the child's treatment team. Each child's ISP will address specific needs identified in their intake/assessment including independent living skills. For those clients needing to develop/implement independent living skills, the TFH parents will provide them with opportunities both in the home and the community to work on specific skills such as: life training skills, money management, health care, obtaining records, interview/job skills, locating and maintaining housing, vocational needs, etc. The TFH parents will also assist client's that are eligible to complete the Ansell-Casey Life Skills Assessment. Each ISP will include a diagnosis, identification of treatment team members, treatment goals, and timelines to reach goals, and a discharge timeline. Development of each ISP will include identification and analysis of significant factors that are essential to ensure that effective treatment plans are created. Some of the items that will be utilized to develop each ISP will be:

1. Assessments;
2. Medical and mental illness treatment history;
3. Identification of natural supports;
4. Identification of individual strengths and weaknesses;
5. Educational needs;
6. Responsibilities of treatment team members;
7. Cultural needs as per FCSA Admin. Policy # 701;
8. History of substance abuse.

In accordance with applicable regulations ISP's are reviewed and revised as needed every 90 days. In addition, the ISP will define the on-going services each child will need upon discharge, community resources available to meet those needs, and links to community services that need to be established. One responsibility of the TFH staff, principally the TFH Coordinator, will be to establish links to community agencies in the child's respective community to help ensure that a seamless system of appropriate aftercare service is in place at the date of discharge. Upon discharge it will be the primary responsibility of the referring agency to actively work with the established aftercare network; however, TFH staff will assist as time and resources permit.

Additional treatment services that are provided to children admitted to the TFH will include a combination of clinical services and skill development activities. Clinical services provided will include individual, group, and family therapy by a licensed clinician. Group therapy is held two times per week, once at the TFH and once at the FCSA main office. Individual therapy is held once a week at the FCSA main office. Psychiatric services are available for clients via FCSA contract with psychiatrist Dr. Ackley. Clients that are in need of psychiatric services meet at a minimum once a month with Dr. Ackley for medication management and other psychiatric needs at the FCSA main office. Dr. Ackley is also available for case consultation with the TFH client's treatment team. Skill development activities are provided by FCSA TFH Youth Counselors, FCSA TFH Coordinator and the TFH Parents. Many of the skill development activities are planned events

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either in the home/community that have been recommended by the client's treatment team to assist them in accomplishing their treatment goals. An example of these includes; social activities such as attending functions in the community, attending sporting events, volunteering, recreational outings such as fishing, bicycling, basketball, swimming, walks, camping, etc.

Treatment Team

At the minimum, each child admitted to the TFH will have a treatment team composed of the following individuals:

1. Child
2. Masters-level therapist
3. Case Manager/ Director of Services
4. Parent or legal guardian (if possible)
5. OCS (if OCS referral)
6. Juvenile Justice (if the child has active case)
7. Child's teacher or FNSBSD Representative

It is anticipated that other treatment team members such as educational staff, natural supports, counselors, and staff from other human service agencies etc. will routinely be added as necessary and appropriate.

Client Profile

All children admitted to the program will:

1. Require stabilization for actions that are the result of mental illness, and/or behavior disorders;
2. Have been determined through clinical assessment to be suffering from a mental illness not of an organic origin;
3. Be in imminent need of placement in a mental health treatment facility;
4. Have been determined by the TFH admission review that placement would be beneficial for the child's stabilization, and/or reduction or resolution of their mental illness.

Most children admitted to the program will:

1. Be referred by OCS, DJJ, Mental Health Agencies, Tribal Representatives, and Private Individuals/Families;
2. Have multiple behavior problems such as:
 - a). Mood swings, anger management issues, argumentative behaviors
 - b). Reluctance to follow directions
 - c). Difficulty in school

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- d). Impulsivity issues
- e). History of failed relationships
- f). Depressive states
- g). Typical DSM V AXIS I Diagnosis might include: ADHD, ODD, OCD, CD, PTSD, Depressive Disorder, etc.

Children that generally will not be admitted to the program are those:

- 1. That require a medical detoxification because of alcohol or drugs addiction.
- 2. Children that are in need of a temporary foster placement but do not require stabilization and/or treatment due to their mental illness;
- 3. Children that have seriously injured another person and have not been evaluated by a mental health professional in a secure setting;
- 4. Children that have seriously injured another person, been evaluated and determined to still be an imminent danger to others;
- 5. Intoxicated.
- 6. History of fire setting.
- 7. Excessively aggressive behaviors
- 8. Considered at high risk for self harm.

Daily Activity Schedule

All children admitted to the TFH will follow a well-delineated standardized daily activity schedule. Within the framework of the standardized TFH daily schedule individualized services will be provided that will best meet the ISP goals established for each child.

Program Staffing

The following is a list of the TFH staff positions.

- 1). TFH Director
- 2). Therapeutic Parents
- 3). TFH Therapist
- 4). TFH Coordinator
- 4). TFH Youth Counselor
- 5). Psychiatrist (Contracted)

The TFH Director provides direct supervision over the TFH Parents, TFH Coordinator and the TFH Youth Counselors. The TFH Therapist is under the direct supervision of the FCSA Director of Community Based Services. Communication between the above staff takes place via a weekly (Wednesday) staff meeting held at FCSA, as well as a daily log book that remains at the TFH. At least one of the TFH parents will be present in the home at all times (unless in the community with clients) to ensure client's are receiving proper supervision. FCSA Youth Counselors will provide added support for the TFH parents, as well as respite services to allow the TFH parents time away from the home.

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Staff Training

It is standard practice of FCSA to provide at a minimum, 40 hours of in-depth initial and ongoing training to all FCSA employees per year. All staff will have been trained in the following: FCSA Orientation, Managing Aggressive Behaviors (MAB), First Aid/CPR, working with SED youth, cultural sensitivity, fire and safety training, and FCSA paperwork.

Education Component

It is expected that the majority of the children served at the TFH will be actively participating in an educational setting outside of the home. Transportation to the local schools will be provided via Laidlaw busing system. The TFH Parents will ensure that each youth is ready for school prior to the bus arriving, as well as prepared for their arrival at the end of the school day. The TFH Parents will be expected to work closely with the child's teacher, assisting them in day to day educational needs such as guidance with homework, monitoring overall progress both academically and behaviorally, attending IEP meetings, etc. The TFH Parents will also provide each youth with a quiet, well lighted area to complete any evening studies that each child may have. If any of the youth in the home are not in school, the TFH Parents will work closely with the TFH Director, FNSBSD Staff to establish an educational plan that best meets the child's needs such as possible vocational studies, GED Preparation, etc. Each child at the TFH will have a representative from the school system on their treatment team, and some youth that are in either DJJ or OCS custody, may be assigned a school surrogate to assist with their educational needs.

TFH Policy No. 201

Admission Process

PURPOSE:

To ensure all employees utilize a consistent and efficient admission process that fully complies with all applicable state and federal laws and regulations.

RESPONSIBILITY:

This policy applies to all TFH employees responsible for processing admission requests to the TFH program.

PROCEDURE:

No child requiring immediate medical attention or detoxification will be admitted to the TFH program until those services have been provided. It is the responsibility of the individual/agency requesting admission on behalf of the child to arrange for medical and detoxification services. In addition, it will be the responsibility of the individual/agency requesting admission for a child to make arrangements for a routine physical and medical screening unless one has been conducted within the last six months. A medical screen at the minimum will include a Tuberculosis Test, Complete Blood Count, and Hepatitis Screen.

Once a completed application has been received the maximum time period to approve or reject the application will be seven days.

All requests for admission to the TFH program will use the following delineated process and timelines:

1. The application form will be the FCSA Application For Mental Health Services. To review a copy of the application refers to the TFH Policy and Procedures Manual, Section, Forms.
2. All requests for admission to the TFH program should be directed to the TFH Director for processing. In the event that the TFH Director is not available, all inquiries should be directed to one of the FCSA Director of Behavioral Health.
3. For OCS/DJJ referrals, an OCS/DJJ worker inquiring about the availability of a bed for a specific child will routinely generate initial inquiries. Based on that discussion the TFH staff will be advised that an application is in process and arrangements to obtain approval for placement from the OCS Regional Placement Committee are being initiated by the OCS/DJJ worker.
4. Non-OCS/DJJ referrals are anticipated to come from a variety of sources both public and private. If it is determined that placement would be appropriate, the TFH staff will

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advise the inquiring party that an application needs to be completed and submitted for review and consideration.

5. Within five days of receipt of an application for admittance into the TFH program the TFH Director and FCSA Director of Behavioral Health will review the application for completeness. If the application is determined to be complete, the individual/agency submitting the application will be notified that the application is complete. If the application is determined to be incomplete the TFH Director will notify the individual/agency submitting the application that it is incomplete, and identify the specific deficiencies. The inquiring party will be advised that no further action regarding the application will be considered until the additional required items have been submitted.
6. Upon receipt of a completed application, as determined by the TFH Director and FCSA Director of Behavioral Health, within seven days, a decision will be made to approve or disapprove the application.
7. In the event an application for admission is denied, the TFH Director will within 24 hours verbally advise the inquiring individual/agency; and within two days issue a rejection letter detailing the reasons for rejection. If the rejection is related to an admission request from OCS/DJJ, the rejection letter will be directed to the OCS/DJJ employee making the request. All admission rejections must be approved by the TFH Director.
8. When an application is rejected referrals should be included in the letter of denial when possible. If specific referrals are not available, the type of services the TFH Director considers appropriate should be stated.
9. If an application for admission is approved, the TFH Director will verbally advise within 24 hours the inquiring individual/agency and within two days the FCSA Director of Behavioral Health will issue an approval letter.
10. Regardless if an application from OCS/DJJ has been approved, no bed will be held for a client unless approved by the TFH Director and FCSA Director of Behavioral Health.
11. For non-OCS/DJJ referrals, beds may be held open for the anticipated arrival of a client at the discretion of the TFH Director and FCSA Director of Behavioral Health.